



## BHSI Transition - Acute/Inpatient Provider Guide

### ***What is not changing?***

- Acute/Inpatient admissions will continue to be sent to CareOregon UM staff via **PointClickCare** (formerly PreManage/Collective) as they are now. These admission notifications are automatically entered into our internal systems where they will be triaged and ultimately reviewed by our BH UM staff for medical necessity.

Facilities without PointClickCare will continue to fax inpatient admission notifications to CareOregon at 503-416-4727 as before.

- Initial Authorization:
  - A clinical review for medical necessity of the inpatient services is started on the day of, or next business day after, the day of admission.
  - If approved, authorization will be retroactive to the day of admission.
- Continued inpatient stay requests:
  - For facilities with remote EPIC or other EHR access capability, BH UM will use the remote access to review clinical records.
  - When remote access is not available, clinical documentation indicating medical necessity of the admission shall be submitted via fax to CareOregon 503-416-4727.
  - The number of days for authorization between clinical review will be based on medical necessity.
  - BH UM staff will call or send a fax regarding review outcomes and next review dates.
- Discharges:
  - Hospital UR will notify BH UM staff if a member is discharged on or before the scheduled review date (first uncovered day). Discharge notification should be made no later than the same business day of the discharge.
- You can continue to view member eligibility in CIM as before. You can also view member eligibility in CareOregon Connect.

### ***What is changing?***

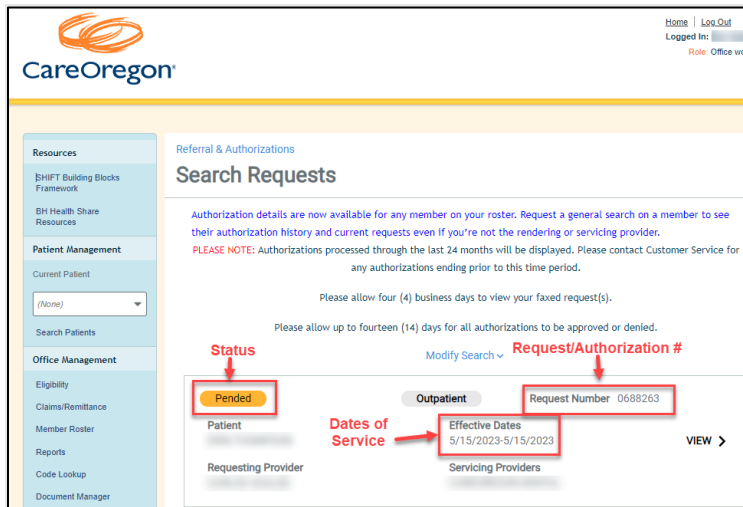
CIM/PH Tech system will no longer be used by CareOregon Staff to review and authorize behavioral health services with dates of service after 10/1/2023.

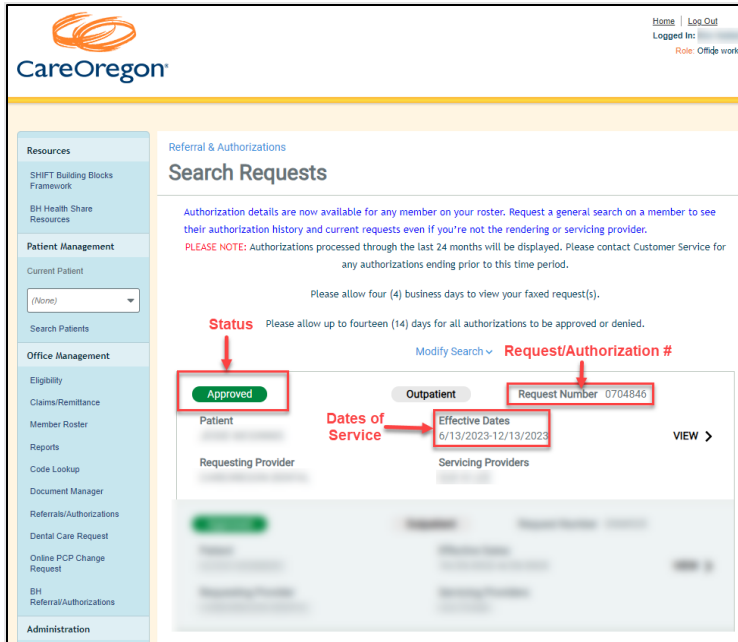
You will also begin to be notified of authorization determinations and continued stay dates via fax from our BH UM staff.

**What does this mean for you as an Acute Inpatient BH Provider?**

- You will no longer be able to view authorizations (status, service dates, authorization numbers) in CIM.
  
- To view authorizations, you will now look in the CareOregon Connect System. In this system, you will be able to view:
  - authorization number
  - authorization dates
  - status of the authorization
  - claims reports
  - remittance advice reports
  - referral/authorization reports

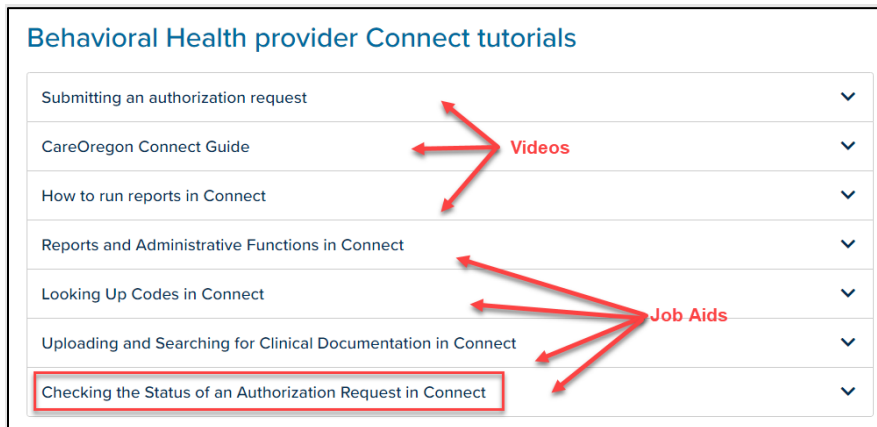
**NOTE:** Approved Acute/Inpatient cases will show as being in “Pend” status until after the member discharges. After we have been notified of the member’s discharge, the status will change to “Approved.”





- You will not be able to email CareOregon BH UM staff via CIM.
  - The following resources are available to assist you in navigating Connect.

[Provider Portal tutorials \(careoregon.org\)](https://careoregon.org)



- You will now longer need to notify CareOregon if a member has any **Non- CareOregon Primary Insurance and CareOregon Medicaid Secondary** to create an authorization. Claims can just be submitted with an EOB to CareOregon and it will pay accordingly.